

1 M

**MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND**

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

17787

CERTIFICATE OF DEATH

17784

1. PLACE OF DEATH a. COUNTY		Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 1b		a. STATE Maryland b. COUNTY Somerset	
Crisfield		1 day		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		Tylerton		1966	
McCready Memorial Hospital		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First	Middle	Last	4. DATE OF DEATH Dec. 2, 1966
Norman T. Bradshaw					Month Day Year
5. SEX		6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)
Male		White	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	Feb. 5, 1909	57 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & State, or foreign country)	
Waterman		Seafood		Rhodes Point, Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY? USA	
William A. Bradshaw		Eva D. Evans			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)		16. SOCIAL SECURITY ND.		17. INFORMANT	
No None				Mrs. Louise Bradshaw, Same as 2. abed above	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Derebral hemorrhage</i>					
331X Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. DUE TO (b) <i>Genl Arterio Sclerosis</i>					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Malignant hypertension Diabetes Mellitus</i>					
INTERVAL BETWEEN ONSET AND DEATH 16 hrs					
YES <input type="checkbox"/> ND <input checked="" type="checkbox"/>					
MEDICAL CERTIFICATION		20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
19					
21. I certify that (I) (this hospital) attended the deceased from <i>Dec. 2, 1966</i> , to <i>Dec 2, 1966</i> , that (I) <input type="checkbox"/> last saw the deceased alive on <i>Dec. 2, 1966</i> , and that death occurred at <i>10</i> M, from the causes and on the date stated above.					
22a. SIGNATURE <i>C.G. Rawley</i>					
22b. DATE SIGNED					
22c. PHYSICIAN'S NAME (Type)		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> C. G. Rawley, M.D.		22d. ADDRESS	
				Crisfield, Maryland	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE THEREOF		23c. NAME OF CEMETERY OR CREMATORIUM	
Burial		Dec. 4, 1966		Tylerton Cemetery	
24. FUNERAL DIRECTOR		ADDRESS		25a. REC'D BY REGISTRAR	
Bradshaw & Sons, Crisfield, Md.				25b. REGISTRAR'S SIGNATURE	
				DATE DEC 8 1966 <i>Charles Judge</i>	

1861

L

Low

the following conditions

the water is to be used for drinking purposes.

the water is to be used for drinking purposes.

the water is to be used for drinking purposes.

the water is to be used for drinking purposes.

the water is to be used for drinking purposes.

L

the following conditions

the water is to be used for drinking purposes.

the water is to be used for drinking purposes.

the water is to be used for drinking purposes.

the water is to be used for drinking purposes.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician. Then please remove carbon papers. Pages 1 and 2 director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 director, page 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

17788

CERTIFICATE OF DEATH

17785

1. PLACE OF DEATH a. COUNTY Somerset		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland		b. COUNTY Somerset		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne		c. LENGTH OF STAY IN 1b Life Time		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne		d. STREET ADDRESS R F D		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print)		First Carrie	Middle F	Last Corbin	4. DATE OF DEATH Month Day Year I2 25 19 66	Month I2	Day 25	Year 19 66
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7/2/1880	9. AGE (In years last birthday) 86 yrs.	10. IF UNDER 1 YEAR Months 86	11. IF UNDER 24 HRS. Days 0	12. IF UNDER 24 HRS. Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (County & State, or foreign country) Somerset County Maryland U.S.A		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Samuel Doane		14. MOTHER'S MAIDEN NAME Millie Adams						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Dorothy Hall. Princess Anne, Maryland		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CORONARY INFARCTION 260X DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (b) CARDIAL - VASCULAR SCLEROSIS. 5-6 YRS. DUE TO (c) DIABETIS MELLITIS 10 YRS.								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
21. I certify that (I) (this hospital) attended the deceased from 12, 1965, to 12, 1966, that (I) (we) last saw the deceased alive on 12/25 1966, and that death occurred at 1:30 PM, from the causes and on the date stated above.		22b. DATE SIGNED 12/27/66						
22a. SIGNATURE Merilla A. Boren		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>						
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS Oakville Maryland						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 12/31/66		23c. NAME OF CEMETERY OR CREMATORIAL St. Mark		23d. LOCATION (City, town or county) (State) Oakville Maryland		
24. FUNERAL DIRECTOR		ADDRESS		25a. REC'D BY REGISTRAR JAN 3 1967		25b. REGISTRAR'S SIGNATURE Charles Judge		
William H. James Jr. Princess Anne, Maryland								

36581

82882

3 photos

36582

S. M. SPANIER - SAMSON - GENE BRAZIER

ST

ST

ST

ONCE

ONCE

ONCE

A. S. HUNTER VARIOUS TESTIMONY

TESTIMONY

TESTIMONY

REAGH CILLE

PROSECUTOR'S OFFICE WITNESSED

PROSECUTOR'S OFFICE WITNESSED

PROSECUTOR'S OFFICE WITNESSED

ST

1
FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH													
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND													
MEDICAL EXAMINER'S CERTIFICATE OF DEATH													
17789			17786										
1. PLACE OF DEATH a. COUNTY Somerset				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland									
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne				c. LENGTH OF STAY IN lb life									
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				n Somerset									
3. NAME OF DECEASED (Type or print) Deidie				First M	Middle Deshields	Last	4. DATE OF DEATH 12	Month 29	Day 19	Year 66			
5. SEX f		6. COLOR OR RACE c		7. MARRIED WIDOWED		NEVER MARRIED DIVORCED	8. DATE OF BIRTH 10-15-66	9. AGE (In years last birthday) yrs. 2		10. IF UNDER 1 YEAR Months 13		11. IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				11. BIRTHPLACE (State or foreign country) Maryland Princess Anne									
12. CITIZEN OF WHAT COUNTRY? USA													
13. FATHER'S NAME Omer Cottman				14. MOTHER'S MAIDEN NAME Betty Deshields									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. none		17. INFORMANT Betty Deshields, Princess Anne, Md		Address							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Upper respiratory disease</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO _____ (c) _____ DUE TO _____ DUE TO _____ INTERVAL BETWEEN DNSET AND DEATH 2 days													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 29. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>													
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>									
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19				20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)				20f. (City or town)		(County)	(State)		
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/> CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> Address (Street, city, town, or county) Somerset 12-31-6													
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Everett Sutter MD		22. DATE SIGNED											
23a. BURIAL, CREMATION, REMDVAL (Specify) Burial				23b. DATE THEREOF 12-31-66				23c. NAME OF CEMETERY OR CREMATORIUM St Mark ADDRESS				23d. LOCATION (City, town or county) Oakville, Maryland	
24. FUNERAL DIRECTOR William H James Jr, Princess Anne								25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE j Charles Judge			
DATE JAN 5 1967													

(you will be given a form)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

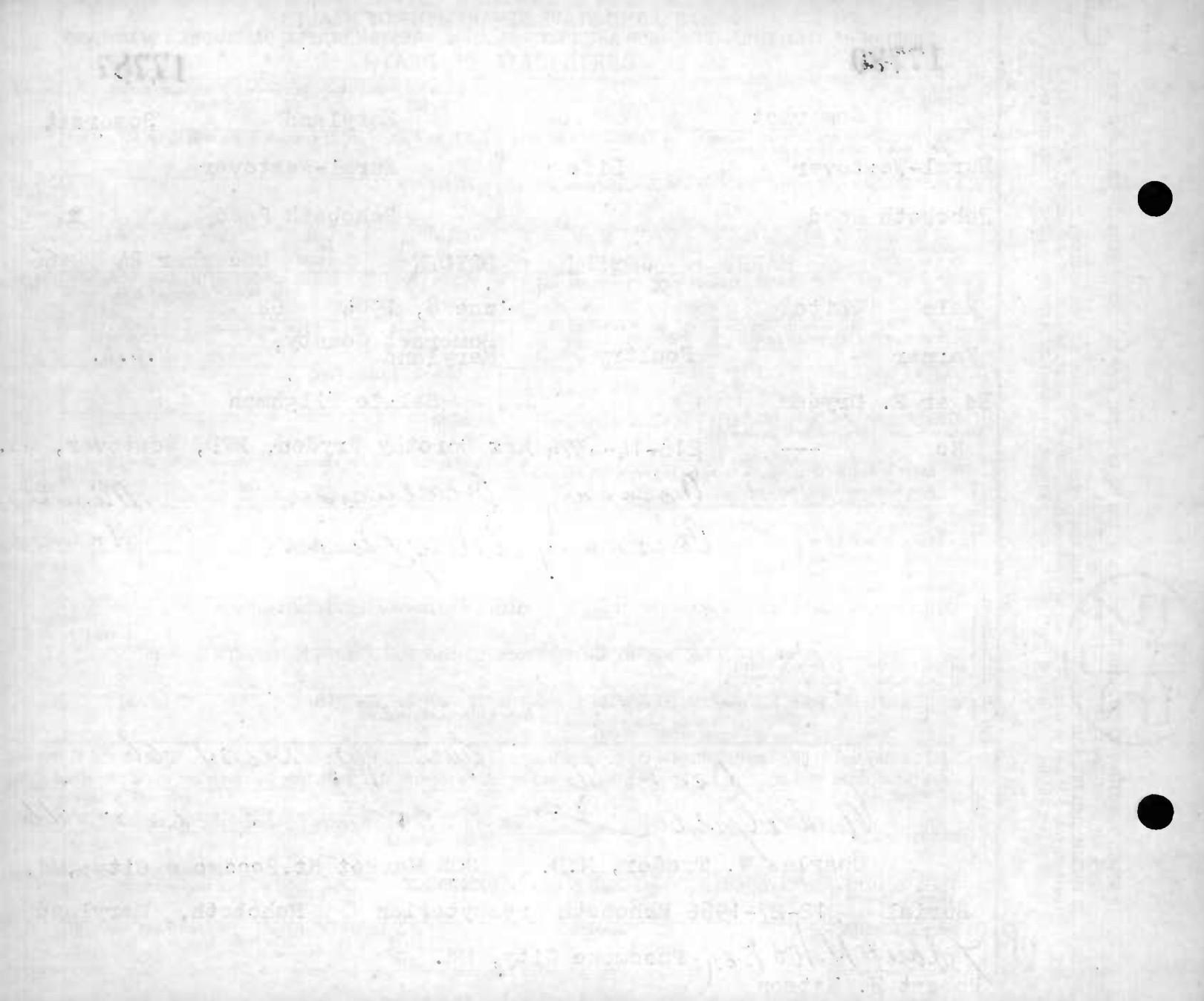
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

17790

CERTIFICATE OF DEATH

17787

1. PLACE OF DEATH a. COUNTY		Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)													
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 1b		a. STATE		Maryland b. COUNTY											
Rural-Westover		Life		Maryland		Somerset											
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		Rural-Westover											
Rehobeth Road				d. STREET ADDRESS		Rehobeth Road											
e. IS RESIDENCE ON A FARM?				e. IS RESIDENCE ON A FARM?													
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>													
3. NAME OF DECEASED (Type or print)		First	Middle	Last	4. DATE OF DEATH	Month	Day	Year									
Male		HARRY	JOSEPH	DRYDEN	December 24	1966											
5. SEX		6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.										
Male		White	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	June 8, 1904	62 yrs.	Months	Days	Hours	Min.								
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS DR INDUSTRY			11. BIRTHPLACE (County & State, or foreign country)			12. CITIZEN OF WHAT COUNTRY?								
Farmer			Poultry			Somerset County, Maryland			U.S.A.								
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME														
Edgar F. Dryden			Sallie Tilghman														
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)			16. SOCIAL SECURITY ND.			17. INFORMANT			Address								
No			---			218-14-4374 Mrs Dorothy Dryden, RFD, Westover, Md.											
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]																	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion INTERVAL BETWEEN 420.1 DUE TO Minutes Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (b) Coronary Artery Disease Unknown																	
DUE TO (c)																	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)																	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> DR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			20c. TIME OF INJURY Month, Day, Year			20d. INJURY OCCURRED			20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)			20f. (City or town) (County) (State)		
Hour a.m. p.m.						While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>											
19																	
21. I certify that (I) (this hospital) attended the deceased from Apr. 1967 to Dec. 24, 1966, that (I) (we) last saw the deceased alive on Dec. 24, 1966, and that death occurred at 11:30 P.M. from the causes and on the date stated above.																	
22a. SIGNATURE																	
Charles W. Trader																	
22c. PHYSICIAN'S NAME (Type)			M.D. ATTENDING PHYS.			MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>			22b. DATE SIGNED								
Charles W. Trader, M.D.									Dec. 27, 1966								
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE THEREOF			23c. NAME OF CEMETERY OR Crematory			23d. LOCATION (City, town or county) (State)								
Burial			12-27-1966			Rehobeth Presbyterian			Rehobeth, Maryland								
24. FUNERAL DIRECTOR			ADDRESS			25a. REC'D BY REGISTRAR			25b. REGISTRAR'S SIGNATURE								
Robert H. Watson			Pocomoke City, Md.			DEC 30 1966			Charles Judge								
VR A15 (4) 2DM 1/65																	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17791

CERTIFICATE OF DEATH

17788

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) McCready Memorial Hospital		d. STREET ADDRESS 709 Main Street							
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First Milbourn Middle Elliott		4. DATE OF DEATH Month Dec. Day 12 Year 1966							
5. SEX Female White		6. COLOR OR RACE 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 25, 1889		9. AGE (In years last birthday) 76 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman		10b. KIND OF BUSINESS OR INDUSTRY Seafood		11. BIRTHPLACE (County & State, or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Levin Elliott		14. MOTHER'S MAIDEN NAME Louise Abbott							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes give war or dates of service No None		16. SOCIAL SECURITY NO. 216-20-3595		17. INFORMANT Dorothy Elliott, Same as 2. abcd		Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 331X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause { b) Due to Central Vascular Accident c) Due to Generalized Arteriosclerosis		Topic Myocarditis, few hours 2 days Unknown							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Dyslipidemia & Angina, Known since 4/16/63									
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)			
21. I certify that (I) (this hospital) attended the deceased from 5/16, 1963, to 12/10, 1966, that (I) (we) last saw the deceased alive on Dec. 12 1966, and that death occurred at 6:10 P.M. from causes and on the date stated above									
22a. SIGNATURE A. N. Barr, M.D.		22b. DATE SIGNED 12/12/66							
22c. PHYSICIAN'S NAME (Type) A. N. Barr, M.D.		22d. ADDRESS Crisfield, Maryland							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF Dec. 13, 1966		23c. NAME OF CEMETERY OR CREMATORIUM Crisfield Cemetery		23d. LOCATION (City or Town) (County) (State) Crisfield, Md.			
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md.		ADDRESS		25a. REC'D BY REGISTRAR DEC 19 1966		25b. REGISTRAR'S SIGNATURE Charles Judge			

2

and with the next set

Wined Wined Wined

undivided land.

23/11/14 ~~most recent version = watermark~~

1996-09-20

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE
HEALTH DEPT.

17792

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17789

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Somerset		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MARYLAND				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN 1b Lifetime				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Ninth St., Crisfield, Md.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) JOHN E. EVANS		First	Middle			
4. DATE OF DEATH Month Dec.	Year 3 19 66	Lost	Month Doy Year			
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED WIDOWED <input type="checkbox"/>	NEVER MARRIED <input checked="" type="checkbox"/>			
8. DATE OF BIRTH July 30, 1913	9. AGE (In years lost birthday) Yrs. 53	10. KIND OF BUSINESS OR INDUSTRY Mechanic	11. BIRTHPLACE (State or foreign country) Maryland			
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. C. CITIZEN OF WHAT COUNTRY? USA	12. MOTHER'S MAIDEN NAME Annie Miles				
13. FATHER'S NAME Harley Evans	14. INFORMANT Address James W. Evans Box 22, Nanticoke, Md.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental Drowning		INTERVAL BETWEEN ONSET AND DEATH				
929.8 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) (c)		DUE TO				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
20. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.) Accidental Drowning				
20c. TIME OF INJURY Month, Day, Year Hour a.m. XMK 12/31 1966		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Foot of 9th St	20f. (City or town) Crisfield	(County) Som.	(State) Md.
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>						
ACTUAL SIGNATURE <i>C. G. Rawley</i>		M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/>		
EXAMINER'S NAME (Type) C. G. Rawley, M.D.				ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 12/11/66	23c. NAME OF CEMETERY OR CREMATORIUM Hopewell Cemetery	23d. LOCATION (City or Town) (County) (State) (Rural) Crisfield Md.		
24. FUNERAL DIRECTOR Anthony E. Ward,		ADDRESS Crisfield, Md.	25a. REC'D BY REGISTRAR DATE DEC 13 1966		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>	

can

isette

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

17793

CERTIFICATE OF DEATH

17798

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. STATE	
Somerset MARYLAND		Maryland	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 1b	
Crisfield		12 yrs. <i>11/11/66</i>	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		d. STREET ADDRESS	
McCready Memorial Hospital		Crisfield 308 Hinman Lane	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First Hobson	Middle T.	Last Harrison
4. DATE OF DEATH	Month Dec.	Day 1	Year 1966
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH
Male	White	Sept 10, 1899	9. AGE (In years last birthday) 67 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
Waterman	Seafood	Dames Quarter, Md.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Joseph T. Harrison	Alverta Parkinson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO.	17. INFORMANT	Address
	WW2	218-03-9770	Mrs. Iva W. Harrison, Same as 2. abcd above
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial infarction</i>			
420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)			
INTERVAL BETWEEN ONSET AND DEATH 3 wks -			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from <i>Dec. 1, 1966</i> , to <i>Dec. 1, 1966</i> , that (I) (we) last saw the deceased alive on <i>Dec. 1, 1966</i> , and that death occurred at <i>10:45 AM</i> , from the causes and on the date stated above.		22b. DATE SIGNED	
22a. SIGNATURE <i>C. G. Rawley</i>		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	22d. ADDRESS Crisfield, Maryland
22c. PHYSICIAN'S NAME (Type) C. G. Rawley, M.D.		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
		23b. DATE THEREOF Dec 4, 1966	23c. NAME OF CEMETERY OR CREMATORIUM St. Peter's Cemetery
24. FUNERAL DIRECTOR		23d. LOCATION (City, town or county) (State) Crisfield, Md.	
ADDRESS Bradshaw & Sons, Crisfield, Md.		25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE DATE DEC 7 1966 <i>J Charles Judge</i>

X

I

T

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1 M

17794

CERTIFICATE OF DEATH

17791

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1		17794		CERTIFICATE OF DEATH		17791	
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)					
a. COUNTY Somerset		a. STATE Maryland		b. COUNTY Somerset			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN 1b All Life		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) McCready Memorial Hospital				d. STREET ADDRESS 3 Hudson Street			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First Agnes Middle P. Last Hoffman		4. DATE OF DEATH Dec. 7 1966		Month		Day Year 7 1966	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED WIDOWED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Aug. 13, 1893	
9. NEVER MARRIED <input type="checkbox"/>		10. DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) 73 yrs.		11. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesperson		10b. KIND OF BUSINESS OR INDUSTRY Cosmetics		11. BIRTHPLACE (County & State, or foreign country) Crisfield, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Marshall				14. MOTHER'S MAIDEN NAME Mahalia Thomas			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. None 220-32-0450		17. INFORMANT Mrs. Frances Dell, Same as 2. abcd		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 174X DUE TO Conditions, if any, which gave rise to immediate cause (a). stating the underlying cause lost. (b) DUE TO (c)		Metastatic Carcinoma of Intestines		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.			
		Adenocarcinoma of Liver		10 yrs.			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
MEDICAL CERTIFICATION							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from <u>Dec. 1, 1966</u> to <u>Dec. 7, 1966</u> , that (I) (we) los sow the deceased alive on <u>Dec. 7, 1966</u> , and that death occurred at <u>2:15 P.M.</u> from causes and on the date stated above							
22a. SIGNATURE Sarah M. Peyton		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/>		MED. DIRECTOR <input type="checkbox"/>		STAFF PHYS. <input type="checkbox"/>	
22c. PHYSICIAN'S NAME (Type) S. M. Peyton, M.D.		22b. DATE SIGNED Crisfield, Maryland					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF Dec. 11, 1966		23c. NAME OF CEMETERY OR CREMATORIUM Crisfield Cemetery		23d. LOCATION (City or Town) (County) (State) Crisfield, Md.	
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md.		ADDRESS ADDRESS					
VR A15 (4) 25M 1/67		25a. REC'D BY REGISTRAR DEC 19 1966		25b. REGISTRAR'S SIGNATURE Charles Judge			

101 Y

M. bistrigata

Coll. No.

Specimen No.

Small shrub

Common name: small shrub (101) Specimen No. 101

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

M

17795

CERTIFICATE OF DEATH

17792

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.**10 FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Somerset		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland		b. COUNTY Somerset		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN lb 1/1/67 Life		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		d. STREET ADDRESS Somerset Avenue (229 N.)		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) McCreedy Memorial Hospital						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First Lottie	Middle A.	Last Lawson	4. DATE OF DEATH Dec. 29 1966	Month Dec.	Day 29	Year 1966
S. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED <input checked="" type="checkbox"/>	NEVER MARRIED DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 31, 1887	9. AGE (In years last birthday) 79 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (County & State, or foreign country) Crisfield, Md.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME George R. Wilson				14. MOTHER'S MAIDEN NAME Mary Elliott				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No		16. SOCIAL SECURITY NO. 216-07-1743		17. INFORMANT Miss Lola Lawson, Same as 2. abcd		Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Tonic Myocarditis</i> DUE TO <i>331.X</i> <i>12 hours</i> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) <i>Central Vascular Accident</i> <i>2 days</i> DUE TO <i>Unknown</i>								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Senile Degeneration</i>								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)		
21. I certify that (I) (this hospital) attended the deceased from Oct 10, 1966, to Dec 29, 1966, that (I) (we) last saw the deceased alive on 12/29/66, and that death occurred at 10:55 M from causes and on the date stated above.								
22a. SIGNATURE <i>A. N. Barr, M.D.</i>		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22b. DATE SIGNED 12/31/66			
22c. PHYSICIAN'S NAME (Type) Dr. A. N. Barr, M.D.		22d. ADDRESS Crisfield, Maryland						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF Jan. 1, 1967	23c. NAME OF CEMETERY OR CREMATORIAL Asbury Cemetery		23d. LOCATION (City or Town) (County) (State) Crisfield, Md.			
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md.		ADDRESS		25a. REC'D BY REGISTRAR DATE JAN 5 1967		25b. REGISTRAR'S SIGNATURE <i>J. Charles Judge</i>		

1055

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PMG. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND											
17796		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17793									
		Item 12 File 6384 16767									
1. PLACE OF DEATH a. COUNTY SOMERSET		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. STATE MARYLAND b. COUNTY SOMERSET									
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PRINCESS ANNE		c. LENGTH OF STAY IN 1b MARYLAND									
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		PRINCESS ANNE, MD. 191									
3. NAME OF DECEASED (Type or print)		First GUSTAVE	Middle LINDEN	Last	4. DATE OF DEATH DEC. 20	Month 19	Day 66	Year			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	8. NEVER MARRIED X	9. DIVORCED 	8. DATE OF BIRTH 5/1/1900	9. AGE (in years last birthday) 66	10. IF UNDER 1 YEAR Months 	11. IF UNDER 24 HRS. Days 	12. IF UNDER 24 HRS. Hours 	13. IF UNDER 24 HRS. Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LOBER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) SWEDEN			12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME JOHN LINDEN		14. MOTHER'S MAIDEN NAME MELISSIA LINDEN									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT		Address 222-12-5918B. NICHOLSON 522 WOODLAND ST HOLLY HILL					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Strangulation		N. INTERVAL BETWEEN ONSET AND DEATH seconds									
974X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO Hanging											
(c) DUE TO 											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)											
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) deceased hanged self in Hotel room									
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. Dec 28 1966		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hotell Room		20f. (City or town) Princess Anne, Md.		(County) Somerset		(State) 	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input checked="" type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>											
ACTUAL SIGNATURE <i>Everett Sutter MD</i>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.O. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>									
EXAMINER'S NAME (Type) Everett Sutter MD		22. DATE SIGNED Somerset 12-2366									
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE THEREOF 12/24/1966		23c. NAME OF CEMETERY OR CREMATORIUM LONGWOOD CEMETERY		23d. LOCATION (City, town or county) Kennett SQUARE, PA.		(State) 			
24. FUNERAL DIRECTOR LEVIN R. WILSON		ADDRESS PRINCESS ANNE, MD.		25a. REC'D BY REGISTRAR DEC 28 1966		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>					
VR AISM (5) 5M 1/65											

1 M
FOR STATE
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

17797

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17797

1. PLACE OF DEATH a. COUNTY Somerset		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Manokin		c. LENGTH OF STAY IN b lifetime	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland		b. COUNTY Somerset
					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Manokin		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)				d. STREET ADDRESS 19.1			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Leonard	Middle Luther	Last Maddox	4. DATE OF DEATH Dec 18 1966	Month	Day	Year
5. SEX male	6. COLOR OR RACE col	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-25-1906	9. AGE (In years last birthday) 60 yrs.	I/F UNDER 1 YEAR Months 0	I/F UNDER 24 HRS Days 0	Hours 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Manokin	12. CITIZEN OF WHAT COUNTRY? USA
--	-----------------------------------	---	--

13. FATHER'S NAME Marzie L Maddox	14. MOTHER'S MAIDEN NAME Cathrine Miles	Address
---	---	---------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 163 10 7071	17. INFORMANT Wife Margaret Maddox	INTERVAL BETWEEN ONSET AND DEATH 2 weeks
--	---	--	--

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia		
493X		DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause first. (b)	DUE TO cause (a), stating the underlying cause first. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)				
Gout, Hypertensive cardiovascular disease				
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		

20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not White at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
---	---	--	--

21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>			
---	--	--	--

ACTUAL SIGNATURE <i>Everett Sutter MD</i>	CHIEF MEDICAL EXAMINER <input type="checkbox"/>	ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	22. DATE SIGNED 12-22-66
--	---	---	------------------------------------

EXAMINER'S NAME (Type) Everett Sutter MD	DEPUTY MEDICAL EXAMINER <input type="checkbox"/>	Address (Street, city, town, or county) Somerset
--	--	--

23a. BURIAL, CREMATION, REMOVAL (Specify) 12-22-66	23b. DATE THEREOF 12-22-66	23c. NAME OF CEMETERY OR CREMATORY Samuel Wesley	23d. LOCATION (City, town or county) (State) Manokin Md
--	--------------------------------------	--	--

24. FUNERAL DIRECTOR Wm H James III, Princess Anne, Md.	ADDRESS 258 Church St.	25a. REC'D BY REGISTRAR REC'D 26 1966	25b. REGISTRAR'S SIGNATURE Charles Judge
---	----------------------------------	---	--

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

NETC

CONFIDENTIAL

55-1000

CONFIDENTIAL INFORMATION

DOQ - S-1

FOR OFFICE

DOQ

CONF

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL INFORMATION

CONFIDENTIAL

CONFIDENTIAL INFORMATION

CONFIDENTIAL INFORMATION

DO

DO

DO-1000

DO-1000

CONFIDENTIAL

CONFIDENTIAL INFORMATION

CONFIDENTIAL INFORMATION

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1 M

17798

CERTIFICATE OF DEATH

17795

To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN 1b 4 days	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) McCready Memorial Hospital		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
77 3. NAME OF DECEASED (Type or print) Sadie		First W.	Middle .Marsh
4. DATE OF DEATH Dec. 30 1966	Month	Doy	Year
5. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED <input checked="" type="checkbox"/>	NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DOB. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9. AGE (In years lost birthday) 84 yrs.	
10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (County & State, or foreign country) Oriole, Md.	
13. FATHER'S NAME Willie A. Evans		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 214-16-4456D	
17. INFORMANT Mrs. Mable Marshall, Same as 2. abcd		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pulmonary edema DUE TO 428.2 Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause (b) Cardiac decompensation DUE TO lost. (c) Chronic myocarditis			
INTERVAL BETWEEN ONSET AND DEATH 12 hr - 1 mo - 4 yrs -			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)	
20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Crisfield, Maryland
21. I certify that (I) (this hospital) attended the deceased from _____, 19_____, to _____, 19_____, that (I) (we) last saw the deceased alive on 12/30/66 19_____, and that death occurred at 5:15 P.M. from causes and on the date stated above		20f. (City or town) (County) (State)	
22a. SIGNATURE C. G. Rawley.		22b. DATE SIGNED 22/12/66	
22c. PHYSICIAN'S NAME (Type) C. G. Rawley, M.D.		22d. ADDRESS Crisfield, Maryland	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF Jan. 2, 1967	23c. NAME OF CEMETERY OR CREMATORIUM Tylerton Cemetery
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md.		23d. LOCATION (City or Town) (County) (State) Tylerton, Md.	
ADDRESS		25a. REC'D BY REGISTRAR JAN 5 1967	25b. REGISTRAR'S SIGNATURE Charles J. Judy
		DATE	

CVI

1960-70-1970-71

CVI

1960-70-1970-71

1960-70-1970-71

1960-70-1970-71

1960-70-1970-71

1960-70-1970-71

1960-70-1970-71

1960-70-1970-71

1960-70-1970-71

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial/transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

17799		17796	
1. PLACE OF DEATH a. COUNTY Somerset		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN 1b 1 Day	
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		d. STREET ADDRESS 609 9th. St.	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) McCready Memorial Hospital		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) William		4. DATE OF DEATH Month Dec. Day 15 Year 1966	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4/9/13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Seafood	
11. BIRTHPLACE (County & State, or foreign country) Pocomoke		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Linwood Martin		14. MOTHER'S MAIDEN NAME Anna Corbin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 213-14-7571	17. INFORMANT Mary Martin Crisfield Md.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 410X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. Ch. cardiac decompensation		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
DUE TO (b) DUE TO (c) Kidney Sclerosis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)	
20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Crisfield
21. I certify that (I) (this hospital) attended the deceased from 12-14, 1966 , to 12-15, 1966 that (I) (we) last saw the deceased alive on 12/15/66 at 19 , and that death occurred at 12:40 M, from causes and on the date stated above		20f. (City or town) Crisfield (County) Md. (State)	
22a. SIGNATURE C. G. Rawley		22b. DATE SIGNED	
22c. PHYSICIAN'S NAME (Type) C. G. Rawley, MD.		22d. ADDRESS Crisfield, Maryland	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 12/21/66	23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS Asbury
24. FUNERAL DIRECTOR Anthony E. Ward Crisfield Md.		23d. LOCATION (City or Town) (County) (State) Crisfield Md.	
		25a. REC'D BY REGISTRAR DEC 22 1966	
		25b. REGISTRAR'S SIGNATURE <i>Judge</i>	

30701

1930 20 1932

aligned along
the principal ridge was

dated 20 1932 Estes
and suggested to be modern

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial/transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND												18061											
17800 CERTIFICATE OF DEATH												18061											
2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)																							
a. STATE Maryland												b. COUNTY Somerset											
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne												d. STREET ADDRESS R.F.D #2											
6. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> ND <input type="checkbox"/>																							
3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF DEATH	Month	Day	Year																
5. SEX F.	6. COLOR OR RACE N	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-22-1885	9. AGE (In years last birthday) 81 yrs.	10. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (County & State, or foreign country) Wicomico Co.	12. CITIZEN OF WHAT COUNTRY? U.S.A.																
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & State, or foreign country)		12. CITIZEN OF WHAT COUNTRY?																	
13. FATHER'S NAME George Williams		14. MOTHER'S MAIDEN NAME Martha James		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 220-26-1884A		17. INFORMANT John H. Nutter		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] METASTATIC BREAST CARCINOMA		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 170X DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (b) _____ DUE TO (c) _____		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)											
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> DR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		20g. INTERVAL BETWEEN ONSET AND DEATH 2 yrs. plus											
21. I certify that (I) (this hospital) attended the deceased from 19 to 19, that (I) (we) last saw the deceased alive on 19, and that death occurred at 10 A.M. from the causes and on the date stated above.		22a. SIGNATURE Geo. M. Dunn		22b. DATE SIGNED 1-10-67		22c. PHYSICIAN'S NAME (Type) GEO. M. DUNN M.D.		22d. ADDRESS PRINCESS ANNE, MARYLAND		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE THEREOF 12-31-66		23c. NAME OF CEMETERY OR CREMATORIUM MY Zion		23d. LOCATION (City, town or county) (State) Polks Road - Princess Anne Rd.							
24. FUNERAL DIRECTOR Tolley's FUNERAL JERSEY RD. RT #2		ADDRESS		25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE		DATE JAN 13 1967		Signature													
50-1												VR A15 (4) 20M 1/65											

10021
8261



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17801

CERTIFICATE OF DEATH

17797

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

< Page 4 may be retained by the hospital or attending physician.
10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield Adult life		c. LENGTH OF STAY IN lb 181/1971 days	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) McCready Memorial Hospital		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First Inez	Middle R.	Last Somers
4. DATE OF DEATH Month Dec.	Day 7	Year 1966	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED <input checked="" type="checkbox"/>	NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH Apr. 25, 1889	9. AGE (In years last birthday) 77 yrs.	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (County & State, or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Frank Morgan	14. MOTHER'S MAIDEN NAME Annabelle Walker		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 218-01-5311	17. INFORMANT Kathleen Sterling, 29 Chesapeake Ave.	Address Crisfield, Md.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma liver 1561 DUE TO (b) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Carcinoma, stomach (c)		INTERVAL BETWEEN ONSET AND DEATH ? ?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive on Dec. 10 1966 , and that death occurred at 6:05 P.M. , from causes and on the date stated above			
22a. SIGNATURE C. G. Rawley.	M.D. <input checked="" type="checkbox"/> ATTENDING PHYS.	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>
22c. PHYSICIAN'S NAME (Type) C. G. Rawley, M.D.	22d. ADDRESS Crisfield, Maryland		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREOF Dec. 13, 1966	23c. NAME OF CEMETERY OR CREMATORIAL Sunnyridge Cemetery	23d. LOCATION (City or Town) (County) (State) Crisfield, Md.
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md.	ADDRESS	25a. REC'D BY REGISTRAR DATE DEC 19 1966	25b. REGISTRAR'S SIGNATURE Charles Judge

511551

卷之三

M

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, it may be detached for use as the burial/transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
 DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

17802

CERTIFICATE OF DEATH

17798

1. PLACE OF DEATH
a. COUNTY

Somerset

MARYLAND

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Crisfield

c. LENGTH OF STAY IN 1b

Life 14/11/66

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

McGreedy Memorial Hospital

3. NAME OF
DECEASED
(Type or print)

First

Middle

Last

4. DATE
OF
DEATH

Month

Day

Year

5. SEX
Male6. COLOR OR RACE
White7. MARRIED
WIDOWEDNEVER MARRIED
DIVORCED

8. DATE OF BIRTH

Dec. 2, 1902

9. AGE (In years
last birthday)
64 yrs.10. IF UNDER 1 YEAR
Months Days11. IF UNDER 24 HRS.
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Security Officer

10b. KIND OF BUSINESS OR
INDUSTRY

Panama Canal Zone

11. BIRTHPLACE (County & State, or foreign country)

Crisfield, Md.

12. CITIZEN OF WHAT
COUNTRY?
USA

13. FATHER'S NAME

Jerome Sterling

14. MOTHER'S MAIDEN NAME

Josephine Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service)

Yes

WW 2

16. SOCIAL SECURITY NO.

218-20-7922

17. INFORMANT

Mrs. Hattie Daugherty, Same as 2. abcd above Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

163X Caving over a 6 (2) lung

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any, which
gave rise to Immediate
cause (a), stating the
underlying cause last.

DUE TO

(b)

DUE TO

(c)

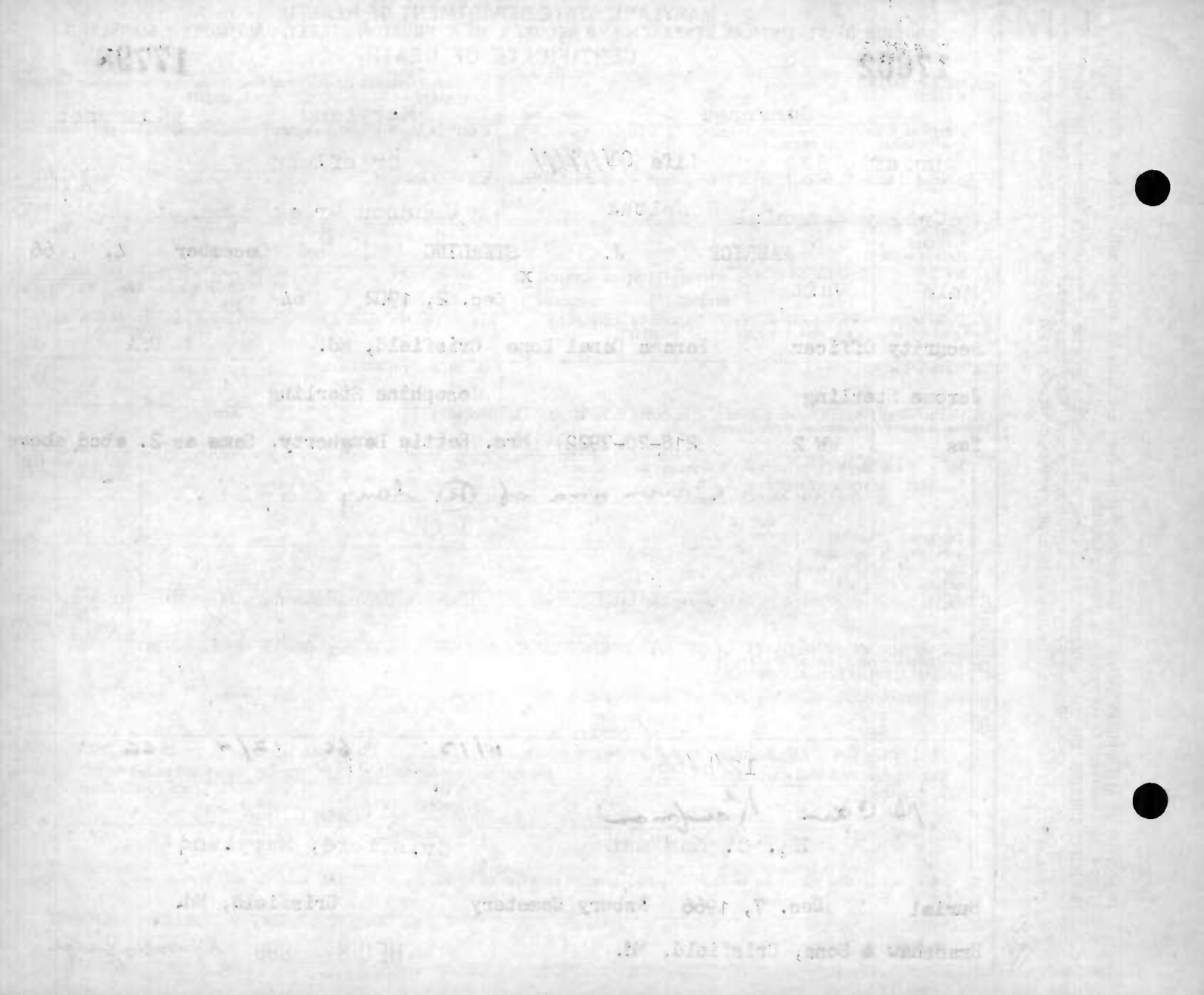
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY
PERFORMED?
YES NO

20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Crisfield	(County) Maryland	(State)

21. I certify that (I) (this hospital) attended the deceased from 11/13, 1966 to 12/4, 1966, that (I) (we) last saw the deceased alive on 12/4/66 19, and that death occurred at M, from the causes and on the date stated above.	22b. DATE SIGNED
22a. SIGNATURE <i>J. C. Kaufman</i>	M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>

22c. PHYSICIAN'S NAME (Type) H. C. Kaufman	22d. ADDRESS Crisfield, Maryland		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREOF Dec. 7, 1966	23c. NAME OF CEMETERY OR CREMATORIAL Asbury Cemetery	23d. LOCATION (City, town or county) (State) Crisfield, Md.
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md.	ADDRESS	25a. REC'D BY REGISTRAR DEC 8 1966	25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1
M.
17803

CERTIFICATE OF DEATH

17799

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN 1b 4 Days	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) McCready Memorial Hospital		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Twilley		First Thomas	Middle Thomas
4. DATE OF DEATH Dec. 19 1966	Month Dec.	Day 19	Year 1966
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH June 15 1905
8. AGE (In years at birthday) 61	9. AGE (In years at birthday) 61	10. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	11. IF UNDER 24 HRS. Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME James Thomas		11. BIRTHPLACE (County & State, or foreign country) Onancock Va.	
14. MOTHER'S MAIDEN NAME Clara Seamon		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. 213-18-5303	17. INFORMANT Olivia Thomas Crisfield Md.	Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4222 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) Pulmonary edema - Cardiac decompensation, chronic Myocarditis, chronic years - years. INTERVAL BETWEEN ONSET AND DEATH 10 hrs.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) ileus - rectal abscess			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20. MEDICAL CERTIFICATION ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)		
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	20d. INJURY OCCURRED White <input type="checkbox"/> Not White <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from Dec. 17, 1966 , to Dec. 19, 1966 , that (I) (we) last saw the deceased on Dec. 19 1966 , and that death occurred at 3:31 P.M. , from causes and on the date stated above			
22a. SIGNATURE C. G. Rawley	M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	22b. DATE SIGNED Dec. 22, 1966	
22c. PHYSICIAN'S NAME (Type) Dr. C. G. Rawley, M.D.	22d. ADDRESS Crisfield, Maryland		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREOF 12/22/66	23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS Asbury	23d. LOCATION (City or Town) (County) (State) Crisfield
24. FUNERAL DIRECTOR Anthony E. Ward Crisfield Md.	ADDRESS	25a. REC'D BY REGISTRAR DEC 22 1966	25b. REGISTRAR'S SIGNATURE Charles Judge

T

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

17804

CERTIFICATE OF DEATH

17800

1. PLACE OF DEATH a. COUNTY		Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
Crisfield		Life 211111		Crisfield	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		McCready Memorial Hospital		d. STREET ADDRESS Hall Highway	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print)	First Minnie	Middle F.	Last Unglaub	4. DATE OF DEATH	Month Dec. Day 2, Year 1966
5. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED <input checked="" type="checkbox"/>	NEVER MARRIED DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 13, 1878	9. AGE (in years last birthday) 88 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (County & State, or foreign country) Crisfield, Md.	
13. FATHER'S NAME William H. Landon		14. MOTHER'S MAIDEN NAME Martha Jane Riggan		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Frances Reese, Same as 2. abcd above	
Address					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic Cardiovascular Disease 15 yrs</i>					
422.1 Cconditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last.					
DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from <i>Nov. 30, 1966</i> , to <i>Dec. 2, 1966</i> , that (I) (we) last saw the deceased alive on <i>Dec. 2, 1966</i> , and that death occurred at <i>7:55</i> M, from the causes and on the date stated above.					
22a. SIGNATURE <i>S. M. Peyton</i>					
22b. DATE SIGNED <i>12/3/66</i>					
22c. PHYSICIAN'S NAME (Type) S. M. Peyton, M.D.		ATTENDING M.D. PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22d. ADDRESS Crisfield, Maryland	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF Dec. 5, 1966		23c. NAME OF CEMETERY OR CREMATORIAL Sunnyridge Cemetery	
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md.		ADDRESS		23d. LOCATION (City, town or county) (State) Crisfield, Md.	
25a. REC'D BY REGISTRAR DATE DEC 7 1966		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>			

